

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-049476

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12234

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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240003

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

BY AFFIDAVIT OF

FILED DEC 20 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (if outside corporate limits, give TOWNSHIP only)  
OR TOWN St. Louis, Missouri

Length of stay in 1b  
2 1/2 weeks

c. FULL NAME OF (if NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Lutheran Hospital

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo. b. COUNTY St. Louis

c. CITY OR TOWN

Inside Limits  
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)  
9105 Lucia Drive

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First Middle Last  
Arthur Robertus Hale

4. DATE OF DEATH  
Month Day Year  
December 9, 1963

5. SEX

M

6. COLOR OR RACE

W

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH  
8-19-1898

9. AGE (last birthday)  
65

IF UNDER 1 YEAR IF UNDER 24 Hrs.  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
mediator

10b. KIND OF BUSINESS OR INDUSTRY  
Federal Mediation Board

11. BIRTHPLACE (City and state or country)  
Marion, Alabama

12. CITIZEN OF WHAT COUNTRY  
U.S.A.

13a. FATHER'S NAME

Reynard S. Hale

13b. MOTHER'S MAIDEN NAME

Mary Johnson

14. NAME OF HUSBAND OR WIFE

Virginia M. Hale (Dec.)

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give year or dates of service)  
yes WWI

16. SOCIAL SECURITY NO.

17. INFORMANT  
Address  
Mr. Ociel Hale 9105 Lucia Drive

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

RHEUMATIC HEART DISEASE

INTERVAL BETWEEN ONSET AND DEATH  
YEARS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

46x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

DUGERAL ULCER

PART III. If deceased was female, was there a pregnancy in last 90 days?

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 5/28/63 to 12/9/63 and last saw him alive on 12/9/63.  
Death occurred at 12:30 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

George A. Damon M.D.

22b. ADDRESS

6500 Chippewa

22c. DATE SIGNED

12/16/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

12-11-63

23c. NAME OF CEMETERY OR CREMATORY

New St. Marcus Cemetery

23d. LOCATION (City, town, or county)

St. Louis County, Mo.

(State)

24. FUNERAL DIRECTOR ADDRESS  
HOFFMEISTER COLONIAL MORTUARY

SAW

25. DATE RECD. BY LOCAL REG.

DEC 10 1963

26. REGISTRAR'S SIGNATURE

Loed Smith, M.D.

6464 Chippewa

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

Dr. George Daman  
6500 Chippewa

VE 2-8333  
1-3084

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John L. Denny

Licensed Embalmer No. 4194

P. O. Address St. Louis mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.